Journal of Positive School Psychology http://journalppw.com
2023, Vol. 7, No. 7, 147-161

School Refusal : Determinants And Therapeutic Intervention

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Abstract
School refusal is a school attendance problem generally driven by emotional distress, it's an intense irrational fear of school. It is associated with the idea of the child going to school or being there, which often results in long periods of interruption from school. This fear is associated with severe emotional symptoms that appear when the child goes to school in the form of pathological symptoms: such as acute fear, social anxiety, panic attacks, fluctuating moods, as well as physical complaints without an organic basis such as headache and abdomen pain. The child finds it as a resort to stay at home. This is why school refusal is a challenge for children/teenagers, families, and the school. In this paper, we will attempt to define 'School refusal' and discussed the other related aspects such as its history, prevalence, risk factors, assessment, and methods of therapeutic intervention.

Key words : school refusal, phobia, indicators, Diagnosis, treatment.

Introduction

Many students refuse to go to school directly or indirectly. Therefore, their parents force them to go to school due to the fact that education is beneficial for their future. In addition, parents think that their children refuse to go to school because of laziness or their desire to play. Thus, the child or adolescent go to school because of his parents' orders and authority but the intent of refusal still prevalent. Therefore, his way to school is accompanied with developing problems and when he arrives, it becomes difficult for him to stay at school. Another category of parents are unable to force their children to go to school due to their lenient or indifferent treatment style. Some children and adolescents do not dare to express their refusal to go to school because they fear the reaction of their parents and everyone around them. In spite of this inability, they force themselves to go to school. This does not mean that they are fine and their situation is reassuring and they are not in need of help. Both cases, the absence from school and forced to school without realizing the real problem of the child, have many consequences. This is due to dealing with the problem superficially without caring about its deep content, causes and effects.

Although the school refusal behaviour may be as old as the school, dealing with this topic was confined to the behaviour of being late or absent from school only. The appearance of this concept is considered relatively recent. Alfred Binet (1887) described a case of fear of school for a child who becomes dumb when he arrived to class. C. G. Jung (1913) described a "neurotic refusal" to go to school; whereas; Heuyer in his thesis of 1914 referred to some children`s fears of school. In the United States of America, Broadwin (1932 I.T.Broadwin) suggested another different kind of school refusal, where the child worries about what might happen to his mother in his absence. It concluded that, this is a form of non-perverted absence; and a means of driving attention to an underlying psycho-emotional disorder. The study noted that as happy as these children are

at home, at school they are “miserable. They were also happy when they return home despite their certainty of the punishment they may receive as a result of their school refusal”. (Etienne, 2013)

According to a study conducted by Kearney and Silverman in (1996), school refusal behaviour refers to a child who is hardly refused to go to school, or that the child finds it difficult to stay inside the classroom throughout the school day. This behaviour is represented in total or partial exhaustion from school. Also, it is represented in behaving improperly in order to waste time devoted for study. In other cases, it is represented in attending school under coercion with the hope not to return to it again. (Al-Sawy, 2019)

School refusal has different severity forms. It can reach a total refusal that leads to prolonged absenteeism (at least 15 days). However, it is vital not to neglect the partial school refusal that is linked to certain classes (physical education, for example), or certain times of the day (rest times), or specific days of the week, such as Monday morning. (Moren, 2005)

School refusal is also considered as one of the most important problems that affect the family’s balance. Kearney believes that in a normal situation parents expect the child to do a lot of things, such as adhering to sleeping hours at night, eating etiquettes, forming a group of friends, and going to school in order to fulfil achievements for prosperous future. When the child violates any of these expectations, an obstacle is formed in the family that disturbs its natural balance. (Ahmed Suleiman Bani Ahmed, 2013) The family can be a reason for rejection and a factor to overcome it. Also, when the school environment is characterised by many phenomena which threaten the student`s safety as well as the correct and proper course of the learning process will sometimes lead to “school refusal”. However, school may provide a healthy environment that allows the child to achieve psychological and social adjustment and overcome many problems, including school refusal.

School refusal is an intense, irrational fear that is not justified by logical means towards a place that is not frightening in nature, such as school. It is associated with the idea of the child going to school or being there, which often results in long periods of interruption from school.

This fear is associated with severe emotional symptoms that appear when the child goes to school in the form of pathological symptoms: such as acute fear, social anxiety, panic attacks, fluctuating moods, as well as physical complaints without an organic basis, such as headache and abdomen pain. The child finds it as a resort to stay at home. These symptoms disappear with the end of the stimulus that caused them, i.e. when he stays at home. However, they reappear when it's time to go back to school. This is why school refusal is a challenge for children/teenagers, families, and the school. The school refusal has significant short- and long-term effects on children's social, emotional, and academic development.

The failure to accurately identify the causes of school refusal, its diagnosis, and the development of treatment methods led to the exit of many children and adolescents from educational institutions. Therefore, this topic has driven the attention of many researchers from different disciplines and with various goals in order to explain the pathological profile of this disorder through conducting co-relational and other descriptive studies. Those studies should be linked to the most common disorders whose symptoms appear in those who are suspected to suffer from school refusal. Among those symptoms, we find

anxiety, depression, separation anxiety, and social phobia (Fremont, 2003).

Accordingly, school refusal has become one of the most common problems associated with school absence (School Attendance Problems). However, its symptoms are similar and intertwined with many other psychological and behavioural disorders that appear in children and adolescents. This disorder is still poorly defined although it is constantly increasing. The prolonged and continuous absence is the clinical indicator that is characterized by school refusal in children and adolescents (Okuyama, et al., 1999; Kawsa, et al., 2022). In its pathological expression, school refusal may seem relatively a simple psychological phenomenon, but it is difficult to be clinically defined. Therefore, experts and researchers confuse the developed interpretations that identify and diagnose it in order to early intervene and define the adapted treatment methods for each case.

Therefore, it is difficult to quantify absenteeism rates for the reason of school refusal behaviour because it manifests in a variety of ways which are identified, tracked and reported differently by schools. Research estimates that school refusal rates occur at 1-2% of the general population, and 5-15% in children and adolescent samples transferred to the clinic. However, in general the current prevalence rate is estimated at 5% of school children. According to the latest international studies, the prevalence of this disease is increasing. This may be due to the increase in social and educational pressures that children and adolescents face (Guehl, 2006). That is why school refusal is a challenge for children, families, and the school. The prolonged absence from school has significant short and long-term effects on children's psychosocial and academic development.

These reasons make us ask a lot of questions about what school refusal is, and the methods of diagnosing and treating it. The biggest challenge lies in the ability to identify cases that suffer from this disorder, diagnose and treat it. In order to confront this phenomenon, it has become urgent to intensify the efforts of the active parties, including doctors, parents, teachers and psychologists. This is what will be addressed in this study by answering the following questions:

- What is school refusal, and what are its causes and indicators?

- How is school refusal diagnosed, and what are the principles and methods of treatment?

1. The historical development of the school refusal problem:

Despite many attempts to describe and define school refusal, Adelaide Johnson was the first to suggest the term “school phobia” in 1941 in the American Journal of Orthopsychiatry. She highlighted that “poorly dependent relationships resolved between mother and child" is the fundamental element of this disorder. She wrote in 1957 that it is a separation anxiety, therefore, it is an anxiety linked to leaving the house in relation to primary attachment figures. She pointed out that these children nevertheless have a good school investment, which differentiates school phobia from “truancy”. (Etienne, 2013) As defined by Coolidge, Hahn, and Peck (1957): "It is a behaviour resulting from a neurotic pattern reaction, because of which the child fears and worries of separation from the familiar environment". (Al- Dhakni Mizel, 2019)

At the end of the sixties, authors began to use the term school refusal instead of phobia. According to S. Lebovici (psychiatrist and psychoanalyst), “School phobia constitutes a neurotic symptom and characterizes the organization of an incapacitating childhood neurosis. For this reason it is a very specific

form of what is called school refusal".

Ajuriaguerra, the neuropsychiatrist (Ajuriaguerra, 1974) defined children/adolescents refusal to go to school as "the young people who, for irrational reasons, refuse to go to school and resist with intense reactions of anxiety or distress when they are forced to go" but they love studying and are eager to learn. Children or adolescents with school phobia feel an overwhelming and uncontrollable anxiety about their institution (high school or university), which makes it impossible for them to go to class. This results in a massive absenteeism from school that its consequences are serious on the academic, social and professional levels. (Ajuriaguerra, 1974).

Kahn et al., 1981 defined it as: "a phobia that tends to express the child's frequent need to move from the more socially organized and more demanding school atmosphere to the home. It is very easy to assume that these children are immersed at home. They learn nothing of natural discipline and that their whims are used to coerce their parents" (Kahn et al, 1981). Silverman & Kearney defined school refusal behaviour as: «The child's reluctance to go to school, chronic absenteeism, and difficulties related to the student's going to school and staying in class." (Kearney, Silverman, 1993)

Height (2011) mentioned two main types of school refusal behaviour:

Positively reinforced school refusal behaviour: This type occurs when a child refuses to go to school to obtain material or moral rewards outside his school, such as enjoying video games or playing with peers.

Negatively reinforced school refusal behaviour: This type occurs when a child refuses to go to school to escape from unpleasant experiences that happen to him during the study. (Al-Sawy, 2019)

Three peaks have been identified for the school refusal appearance in children and adolescents. They correspond to the transitional stages that occur in the pupil`s path. The first peak was observed at the age of 5-6 years, which is the stage of enrolment in the first grade. The second is between 11-13 years, which corresponds to the student's enrolment in middle school. It is quantitatively considered the largest peak. Finally, we note that the third peak is after 15 years, that is, when enrolling in secondary school. The differences in school refusal rate according to gender differed according to the age. It was in favour of females during childhood and mostly among males during adolescence. (Guehl, 2006)

So, school refusal is an intense fear associated with the child or adolescent when he goes to school. Therefore, it results in periods of partial or total interruption from schooling. This fear is accompanied with severe emotional disturbances that manifest in the form of pathological symptoms including acute fear, mood swings, abnormal attitudes towards school, as well as physical complaints including fainting or dizziness, headaches, abdominal pain, and back pain, without having an organic basis. The child resorts to as a defensive means to assure his stay at home. School refusal is often linked to crucial stages in the student`s life mainly the transitional stages when he joins school and when he moves from one educational stage to another.

2. School refusal indicators:

School refusal can appear in a sudden way. It begins with a group of physical symptoms such as head or stomach pain, loss of voice, and

other symptoms before going to school. It is prevalent from the attitude of going and getting back quickly from school or absenteeism all day. It also appears as an emotional reaction in the form of sadness and panic attacks. It may be accompanied with depressive symptoms such as loss of appetite or sleep disturbances.

The onset of the disease differs according to the category (child or adolescent). In young children, the onset is severe and characterised with physical manifestations (abdominal pain, vomiting and diarrheah). Sometimes an exacerbation of a pre-existing organic disease is noticed (diabetes or asthma, for example). In adolescents, the onset is subtle and gradual, as the adolescent gradually withdraws from group activities to become less outgoing and more dependent on his parents. Changes appear in the adolescent's environment with the emergence of behaviour disorders. Parents' knowledge of the frequent absence of their children is one of the factors that distinguish between school refusal and school truancy.

Kearney developed indicators of school refusal and divided them into three types as follows:

2.1 Physical complaints:

The physical complaints revolve around the child`s feeling of pain “stomach, abdomen, head, back and joints…”. The most common physical symptoms are faintness or dizziness, headache, abdominal pain, back pain, vomiting, chest pain, palpitations, blurred vision, difficulty walking, shortness of breath, loss of voice, and joint pain.

All these complaints are considered as indicators of school refusal when there is no health reason for them and when they appear frequently in classes or school times.

2.2 Explicit complaints from the child:

The explicit complaints involve the child's expression in clear and non-symbolic language (such as the aforementioned complaints) of his unwillingness to go to school, and an explanation of the uncomfortable and unsafe situation that school poses to him. (Ahmed Suleiman Bani Ahmed, 2013)

2.3. Common indications:

-Social anxiety
-General anxiety
-Depression and fatigue
-Fear and resistance
-Temper tantrums and mood swings
-Aggression and violence
-Escape from school and home (Asmaa, 2013, p. 41)

3. Clinical forms

D. Bailly (2004), then Holzer and Halfon (2006) distinguished several types of patients. In the literature Kearney (2007) emphasized that school rejection has several forms, including fear of school, general anxiety, depression, and social anxiety. Due to this rejection, the child avoids situations and stimuli that provoke negative activity such as fear and severe anxiety. He also avoids interaction situations as well as being angry to drive the attention of others. The tangible reinforces such as watching TV at home is considered as one of the factors that reinforce this behaviour. (Kearney, 2016)

Below is a breakdown of these images:

3.1. The School refusal with separation anxiety:

When the child first goes to school, his refusal is explained as an expression of unwillingness to be separated from his parents because he is so attached to them. While he is away of home, the child will repeat the question (what if …). He is going to be afraid of whether he or one of his parents will be harmed while he is away or he will find none to take him back. This reason is one of the most common reasons for school

refusal, especially among children of school entry age. It is common up to the age of nine.

3.2. Refusing students with social phobia:

It appears especially among adolescents as a result the teenager will be afraid of both integrating with colleagues and asking for participation from the teacher. It also causes the inability to acquire close friends who attract the child to the teacher.

3.3. School refusal, a simple phobia:

Due to the nature and mainly the social effects that engenders, it is difficult to consider school as the specific object of a simple phobia. It is not so rare that the child or the adolescent develops special fears related to school. It is often a problem to get to school (close then to agoraphobia), and cross the establishment`s porch, or even the situations of control of knowledge of certain subjects and certain places (the playground for example (Havik et al, 2015)

3.4. Anxiodepressive school refusal:

This is certainly the most frequent category, although it may seem vague. The strong valorisation of individual success and the possibilities of social development that are very closely linked to academic success in our Western societies make school a place of significant pressure that is reinforced or tempered by the family. The issues of school results are such that it is not surprising that school can cause anxiety and low self-esteem (Holzer, L., Halfon, M. 2006, Bailly, D. 2004).

4. Reasons of school refusal:

Factors that cause refusal to go to school can be divided into four categories. These categories have been developed based on studies conducted in the United States led by Professor Christopher Kearney. Some people may be affected by several factors at once. It may be possible that the child wants to avoid school-related issues and situations that cause him unpleasant feelings, such as anxiety, depression, or psychosomatic symptoms. School refusal is a symptom that could indicate a larger problem such as an anxiety disorder, depression, sleep disorder, separation anxiety, or panic disorder as well as avoiding tests, presentations, group work, specific lessons, or interactions with other children. Third, it is possible that the child wants to drive the attention of important people outside school, such as parents or older acquaintances. Finally, it may be that the child wants to do something more enjoyable outside school for instance doing hobbies, playing computer games, watching movies, playing with friends or their desire for spontaneous learning. There are psychological and motivational factors mediating school refusal behaviour such as self-efficacy and self-regulation. Self-efficacy refers to an individual's beliefs about his or her ability to perform tasks. Academic self-sufficiency is the person's confidence in his ability to implement, and organize performance in order to solve a problem or accomplish a task at a given level of skill and ability. Academic self-efficacy refers to a person’s conviction that he can be successfully achieves at a certain level in a particular academic subject area. (Ahmed Suleiman Bani Ahmed, 2013)

The statistics presented by (Mcshane & Col, 2001) indicated that the factors and reasons that lead the child to refuse school are family conflicts 43%, conflicts with peers 34%, academic difficulties 31%, changing home or school 25%, moving away of the family 21%, diseases 20%. (Benbrika, S, 2010)

In the following, reasons for school refusal are detailed:

4.1. Family related factors:

There are factors related to the circumstances that the child lives in within his family. It may play a serious role in negatively affecting him,

contributing in the emergence of school refusal problem. For instance, the presence of problems in the relationship between parents and children, issues related to the parents mental health and any other disorders, conflicts within the family, and issues of separation and divorce.

-Parents' intense fear, excessive concern about the child and exaggeration in his protection as a result the child will be weak, dependent, and unconfident.
-When the child is prevented from being independent in forming social relationships and obstructing his integration with peers, he will retain attached to his parents as a result he will be afraid from going to school.

-Psychologists like Freud & Eysenck & Skinner & Bandoura stressed the important role the relationship between the child and his parents have. For instance, it was found that excessive protection and tolerance results in the creation of some qualities like selfishness, inability to confront and frustration, lack of a sense of responsibility, and excessive need to depend on others. (Abu Al-Fadha, 1992)

The child will lose self-confidence and be afraid of joining school because of luck of social support as well as his parents` refusal to encourage him to go to school alone and to support him in his various school activities.

Factors such as family problems and disturbances including divorce contribute in the family destabilization. Thus, children will lose sense of security. Their mental and psychological stability will be weak leading them to suffer from excessive fear of the unknown, of which school is a part.

The child believes that it is necessary to stay at home in order to protect his mother from the cruelty of his father especially with the presence of tensions between them. Pernstein & Garfinkel (1988) found that families climate of children who suffer from school phobia was characterised with tense and emotional disturbances. This is the opposite of what was shown by the families of normal children in terms of positive interaction within the home and the direct contact between family members (Pernstein & Gafinkel, 1988)

The fear of school is transmitted from parents to children. The fear of both parents or one of them when the child goes to school will be directly transmitted to the schooled child. He will feel what his parents feel and adopts their same attitudes.

- The parents' intimidation of the child from the situations that he may be exposed to at school. They inform him that his teachers are going to be severe and harsh. They will punish him when he does not do his homework. Consequently, the child will be afraid to be exposed to such situations.
-Because of parents` underestimation of the child, lack of attention, harsh criticism, blaming him for all his actions, ridicule and threatening punishment, the child will feel that he is guilty and always wrong. He avoids going to school because he is afraid of obtaining unsatisfactory school results and being exposed to criticism and punishment again by his parents. (Al-Obeidi, 2009)

Accordingly, it can be said that the child's feeling of insecurity depends to a large extent on the quality of the existing relationship within the family and the abnormal parental methods that are characterized by oscillation such as discrimination between children, neglect, cruelty, authoritarianism, excessive protection and pampering. All of this contributes in the formation of the child negative personality. Thus, he becomes unable to face new situations which are responsible about creating an introverted personality threatening his psychological security. He will be vulnerable to fear and anxiety in the child's

confrontation with new situations, including going to school.

4.2. Factors related to school:

Social learning theory explains the general fears that children suffer from and school fears in particular. Children refuse to go to school as a result of several factors, including the following:

- Negative reinforcement they receive at school.
- Avoiding anxious situations that the child is exposed to in the school environment.
- Positive reinforcements happen to the child outside school, especially by parents at home.
- Child transfer from one school to another as a result of special circumstances that the family goes through affects him. He finds it very difficult to adapt to the new school and the demands and social relations it includes (Al-Asimi, 2015)

Among the reasons that increase the likelihood of school refusal Vallis and Abuto indicated feeling bored at school, lack of a stimulating and interactive study environment, in addition to poor communication between students and school staff. (Asmaa Ahme Ahmed Suleiman Bani Ahmed d, 2013). The school's attractiveness is very important. When the school environment is attractive, it will encourage students. Otherwise, it will lead to problems when it is repulsive.

In addition to family and school reasons for school refusal, it is vital to mention the importance of school-home integration. Both parents and school should work on drawing up a unified educational policy to deal with the student so that there will be no contraction. In addition, it will raise the level of performance and improve the yield of the educational process. It also makes the process of communication and exchanging opinion and advice in some educational matters a reason to raise the level of students achievements, as well as to increase the educational awareness of parents and to protect students from deviation. Taking care and treating the academically late is fulfilled with parents' corporation. It is necessary to inform and corporate with parents in order to solve the problem. Partnership between parents and school must be strong in order to address what might students encounter in their course of study.

It is clear from the foregoing that school refusal may be the result of a group of negative stimuli that the child receives at school. They are represented in punishment and ridicule by the teacher or the headmaster, bullying by his peers and the theft of his school tools. In short, it is the result of the presence of a good climate inside the school. Providing a safe, healthy, and stimulating school environment for growth and learning is what students need during their academic career. Since they spend most of their time inside the school from 6 to 7 hours, the school environment plays a vital role in achieving the comprehensive growth of students in the various physical, scientific, social, and emotional aspects. Students who belong to a supportive environment interested in their affairs are less susceptible to all kinds of negative behaviour. This requires careful planning and design in order to improve the processes that support the educational, mental and physical health of students.

4.3. Individual Factors:

People with emotional instability tend to experience negative emotions, such as anger, anxiety, or depression (Matthews et al. 2003). They are often prone to stress and may interpret situations as threatening even if they are completely normal. Emotionally unstable pupils have been found to be at greater risk of developing diabetes (e.g. Brand and O'Conner 2004; Brandibas et al. 2004; Kearney and Albano 2004; Kearney 2008). The level of emotional stability may also negatively affect

students' perceptions of the learning environment and create false relationships between these perceptions and indicators of school rejection. (T Havik, E Bru, S Ertesvag, 2015)

We also mention:

- Severe anxiety and pressures that threaten the child's sense of self-respect due to his inability to overcome some difficulties outside home.
- A chronic illness or an emergency accident that caused pain to the child
-Performing surgeries for the child that necessitated his stay in the hospital for a long time.
-Feelings of inadequacy and helplessness, such as physical weakness and physical disability, such as thinness, obesity, and different congenital deformities. (Salama, 1987)
-Shyness and introversion that makes the child vulnerable to persecution and rejection by his schoolmates. (Al-Assimi, 2015)

The low academic achievement of the student due to learning disorders such as dyslexia, writing or arithmetic is another factor that affects the student's estimation of self esteem and his relationship in school and family. It is often a reason for school refusal which is confirmed by many studies.

5.Diagnosis:

The diagnosis process and the evaluation process are interrelated. The evaluation process by which the largest number of information is collected allows the case diagnosis. It also involves many parties, and the collection of information takes place from various circles. The evaluation is through:

The case and his family will be clinically examined in details with their consent. Valuable information can be obtained from the school (teachers and school health service), about absenteeism, behaviour in the classroom and playing with peers, social integration, assessment of learning, and information about the various symptoms that we may get from the school clinic, or have been the subject of medical certificates to justify absence. A functional analysis will complement this assessment of symptoms in order to develop hypotheses about factors onset and reinforcement of school refusal, which will set the prospects for individual treatment. (Etienne, 2013)

Medical examinations are necessary, but they must be reasonable. There should be an endless effort of doctors and family to search for an organic cause for the various physical manifestations of the child. The observed disorders may be caused by a psychological illness. This may be a reason for delaying diagnosis and, consequently, treatment.

The factors triggering anxiety and school refusal as well as the factors determining changes in its levels must also be identified because the child's needs are an essential component of any treatment strategy. Thus, he must be asked about the times that are particularly difficult for him, for example, changing lessons, or rest times, or other topics. In addition to his trip (the road) to school and what the child believes will help him overcome these difficulties. In addition, teachers should be asked the same questions about the child and about difficult days and times to help identify the reasons for school refusal.

This can be done by asking the child about the reason for his inability to enrol in school, understanding his position, and being conscious that his fears are taken seriously. He can also use a notebook to write down his fears, which may make him calmer (Young Minds, 2018).

It is necessary to make a careful assessment of its reasons. So, it is necessary to determine if the child does not want to go to school because he cannot leave the house or the family, or if his refusal comes from fear of situations he lives in school such as bullying or the teacher treatment (The two reasons can also come together).

It is also important to systematically search for the possible presence of other disorders (anxiety, depression). The child and the family cooperation level should also be evaluated. The disorders (anxiety, depression) that the parents of those children suffer should be examined.

The diagnosis of school phobia must be early. As the greater the school refusal is, the more it becomes complex as a result its treatment will be difficult. The diagnosis is easier for a child than for an adolescent. The most commonly used criterion is prolonged absence from school, but there are other criteria that are taken into consideration in the diagnostic process such as academic behaviour, relationships with peers, self-esteem as well as family performance.

There are many researchers who have developed criteria for diagnosing school refusal, including Berg's criteria:

• Refusal to go to school, which leads to prolonged absence.

• Anticipatory psychological distress resulting in excessive fear, outbursts of anger, sadness or unexplained physical symptoms.

• Children stay at the parents' house during the school time period.

• Absence of anti-social behaviours

• Great parental efforts to encourage their children to go to school. (marginalization)

6. Taking care of school refusal cases:

School refusal treatment often requires working not only with the child, but also with the family and the school (teachers, school doctor, school nurse, school psychologist). Taking care of these cases requires concerted efforts and coordination with these partners so that treatment will be successful and gets the child back to education. The main goal of the treatment is the child's return to school and his resumption of education, treatment of anxiety disorders underlying school refusal and prevention of its complications. The child must also be taken care of quickly and in an early manner for his returning process. It is necessary to promote the return to school as soon as possible. This is why the speed and quality of therapeutic intervention are crucial.

The aim of taking care of school refusal cases is to:

- Helping the child or teen to return to school
- Reducing anxiety
- Preventing complications

6.1. Psychological treatment:

6.1.1. Dynamic psychotherapy:

Many psychoanalytical orientation authors believe that the basis for treating school phobia is to work on the poorly resolved dependency relationship between the child and his mother, and the relationship with the father should be worked on. However, the course of this treatment does not focus only on addressing the poorly resolved relationship, but it is also based on a quick return to school that helps in breaking this symbiotic relationship between mother and child. Therefore, it will contribute to changes.

Treatment of anxiety disorders and/or depression must be carried out in parallel. The treatment is based on the approach of psychotherapy and work with the family. In some cases, treatment with medication is needed. (Guehl, 2006)

6.1.2. Cognitive behavioural therapy:

An alternative to the psychodynamic model is based on learning theories and the principle of deconditioning. This behavioural approach to the child's troubles arises in terms of problem solving. The Cognitive behavioural therapy attempts to identify anxiety-provoking stimuli in order to alleviate school-related anxiety. The stimuli can be provoked both from the outside and by the subject.

Therapeutic strategies that essentially take into account external anxiogenic factors are systematic desensitization and gradual exposure to anxiety-provoking stimuli. Restructuring and self-control cognitive strategies, take into account the subject's internal anxiogenic factors. In general, all of these strategies are used. (Vera, Imbert, 1996)

When school refusal is considered to result from a strong phobic reaction of being at school, systematic desensitization and gradual exposure are recommended.

When school refusal is a means of avoiding social or evaluation situations, “modelling” (proposal of a model, an example to follow), role-playing therapy, and cognitive restructuring are recommended. When school refusal is related to significant secondary benefits (attention from relatives and in particular from the mother, television, internet, and video games), parental guidance and the management of reinforcement contingencies are preferred. (Etienne, 2013)

The used techniques must be adapted according to the prevailing anxiety disorder and the individual characteristics of the case (age, mobilization abilities, etc.) (Mouren-Siméoni, Vila)

The study has to be repeated in a reasonable time table. There are some cases that require consideration of hospitalization like outpatient treatment failure. Other disorders (for example depression or behavioural problems) and family context that acts on treatment resistance are situations that need to be cured.

6.2. Pharmacological treatment:

The use of pharmacological treatment is exceptional and is not resorted to except in some severe and resistant cases. It always comes in addition to other therapeutic methods (psychotherapy and behavioural therapy). It must be carefully determined. There are some studies on the use of drugs that treat anxiety (Anxiolytiques, ISRS or tricycliques), which are considered the first line of treatment in such cases. They are effective and safe because they have replaced antidepressants (antidepressants) that were previously used. They must be carefully used in severe cases of school refusal for a period of few weeks.

Open and double-blind studies argue for the effectiveness of serotonergics in anxiety disorders. A few case reports support the interest of propranolol in this indication).
(Guehl, 2003)

6.3. Family Therapy:

Many studies have shown that family interaction models or parental treatment methods are satisfactory in families of children with school refusal disorder. The latter can contribute in the continuation of this disorder. Therefore, family participation is necessary for treatment. Its role can take the form of guidance, support, or family psychotherapy.

The methods of family therapy go beyond the bilateral relationship of the child and the parents, because this type of treatment addresses the family system as a whole. The school refusal is an evidence of a wrong family performance. Therefore, Skeyes referred to his method of treatment, which is based on family therapy for the whole family. The main problem of the child`s school refusal is the failure of the parents to help their child to abandon dependence on the mother. Therefore,

there is a possibility in forming a new relationship with the teacher that may replace the original child-mother relationship. This is possible in school, especially in the early stages of education, but this is not possible in the intermediate or secondary stage because there is more than one teacher for the child or the student. (Abdul Khaleque, 1998)

During this treatment, a set of psychological and educational advices of a preventive and therapeutic nature, are provided to the family in order to contribute in solving the problem of the child who suffers from school refusal. Several things are emphasized, including:

-Understanding the child's psychology, avoiding intimidating him from school, and giving him positive attitudes towards it
-Giving a beautiful image about the school and the teacher
-Surrounding the child with an atmosphere of emotional warmth so that he feels safe and reassured
- Parents shouldn`t show their fears in front of the child.

Avoid all methods of inappropriate treatment for instance; exaggerated intimidation that would affect children's personalities, violence and aggression, as well as excessive protection, pampering, and fulfilling all his desires; because they are all methods that cause school refusal.

6.4. school intervention:

The home educational assistance service can be established to help children and adolescents who suffer from this disorder so that they won`t be completely out of school. It is represented in "providing the possibility of benefiting from home education by the school teachers for the student who cannot attend classes because of health conditions. This service is applicable in cases of social phobia because it allows for a gradual resumption of contact with both adult teachers and peers.

After advancing in the treatment, the child or adolescent must be helped to gradually return to school. In 2018 a guideline for dealing with child school refusal directed to parents was completed by Young Minds, which is a leading charity in Britain. It aims at improving the well-being of children and teens as well as their psychological health. It suggests that returning to school after weeks or months can be very difficult for a child, but parents and the school can help make this easier. Here are some things you can do to help:

-Setting small achievable goals, such as visiting school outside school hours or attending only one lesson
-Asking a school employee to visit the house so that the child can register his attendance during his absence. In this way, the child feels safe, and knows that the school is taking care of him.
-Ask for a less extensive schedule, with regular reviews of changes that may affect it, if the child thinks that it will help him. (Young Minds. 2018)

For example, it is possible to start with an hour of study that the student chooses at the beginning or the end of the day, or classes for some subjects that he likes in order to reduce fear and anxiety. There are systems that we must not hesitate to use to facilitate this return, such as the individual reception plan for the student by his teachers for reintegration. It is prepared with the child, his family, and the school, with a schedule and educational requirements that adapt to the situation and condition of each child in order to carry on part-time and gradual lessons. In order to avoid situations that may worsen the student`s condition, the school is required to be changed in some cases. The child will change school in order to start a new one with new teachers and students. He also, moves to school where educational conditions differ, there are fewer students, fewer requirements as well as the presence of important actors such as psychologists. The application of these

principles allows the process of child returning to school and carry on his education. Coordination between all partners and the support of these parties has many advantages. It formalizes the re-education project, allows the child to realize the importance and coherence of this project. He also finds support within the educational institution (psychologist, school nurse, teachers, etc.) as well as from outside school (The family). This coordination also allows both to mitigate the risks of the negative impact of parties who are ignorant of care strategies, and to avoid excessive pressure on the child.

School refusal can have serious consequences, so it is important to know how to detect and deal with it early. Its treatment requires the intensification of the child`s efforts, his family, the school and the doctor. The treatment provided generally combines psychological educational support, cognitive-behavioural therapy, and the support of the family and teachers. In severe cases, treatment can be with medication and / or in the hospital. Finally, we must not forget the necessity of relapse prevention, by following up the cases after returning to the study.

Conclusion:

School refusal is one of the tense problems of the educational and family environment because it has negative consequences and its seriousness escalates the older the child is and the later the problem is addressed. Thus, a great attention must be paid to study this phenomenon and identify its causes in order to find solutions to it. Early detection of this disorder is very important, because the speed of intervention and treatment depends on the speed and accuracy of the diagnosis. Returning a child to school means working in partnership with all the parties involved: the child and his parents, of course, but also the general practitioner or paediatrician and the actors in the educational process. Cooperation between these parties is one of the keys for the process to be successful and gets the child back to school.

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